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CONFIRMATION NO. 4140

Bib Data Sheet

SERIAL NUMBER 10/099,634	FILING OR 371(c) DATE 03/15/2002 RULE	CLASS 600	GROUP ART UNIT 3779	ATTORNEY DOCKET NO. H-PM-00020 (1800- 20)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*

This application is a CIP of 09/887,789 06/22/2001 PAT 7,032,798  
 which is a CIP of 09/836,781 04/17/2001 PAT 6,981,941  
 which is a CIP of 09/723,715 11/28/2000 PAT 6,793,652  
 which is a CIP of 09/324,451 06/02/1999 PAT 6,315,184  
 and is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/351,534 07/12/1999 PAT 6,264,087  
 and is a CIP of 09/510,923 02/22/2000 PAT 6,517,565  
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/510,927 02/22/2000 PAT 6,716,233  
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973  
 and is a CIP of 09/510,932 02/22/2000 PAT 6,491,201

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 59	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged

Examiner's Signature

Initials

ADDRESS

50855

## TITLE

A MOISTURE-DETECTING SHAFT FOR USE WITH AN ELECTRO-MECHANICAL SURGICAL DEVICE

FILING FEE RECEIVED 1215	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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